COMMUNICATION OPTIONS

Information to Consider When Making Informed Options

- Assessments
- Objective assessment of data
- Amount and quality of functional hearing
- Analysis of child's communication style, if possible
- Discussion of family reinforcement
- Parent input
- Professional input
- Family commitment

Communication Options

- American Sign Language/English as a Second Language
- Cued Speech
- Oral (Auditory-Oral, Aural/Oral)
- Auditory-Verbal (Unisensory)
- Total Communication

American Sign Language (ASL)

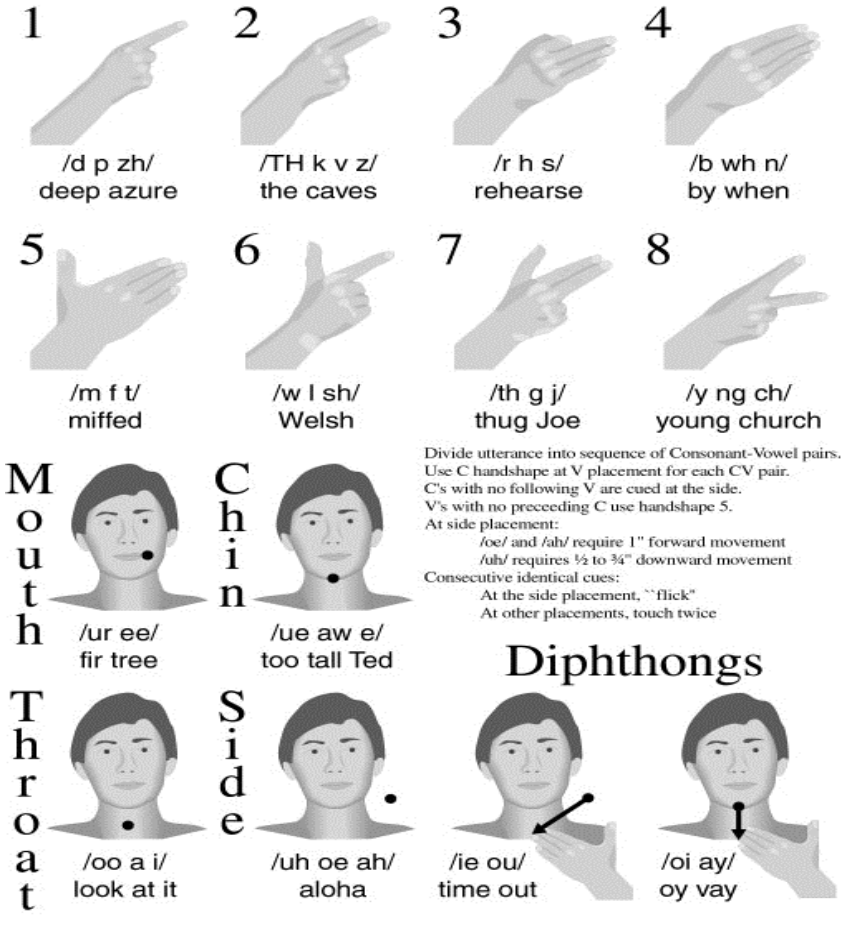
ASL is a manual language that is distinct from spoken English, used extensively by the Deaf community; English is taught as a second language through print**.** Primary rationale for those using this methodology is for ASL to be the primary language and to allow the child to communicate before learning to speak orally. The philosophy is that visual language gives the child the tools to develop cognitive skills/self esteem, and enables the child to master a primary language, facilitating mastery of a second language (English). The child develops their language through the use of ASL in daily activities. English is later taught as a second language, using print. Though most children who use ASL are encouraged to explore the benefits of hearing aids, use of amplification is optional.

If ASL is chosen, professionals working with the family must provide a means for them to learn to sign fluently in ASL, or provide the child with continuous access to deaf adults who are fluent in ASL while the parents are learning, in order for the child to develop American Sign Language as the primary language. If ASL is not the native language of the parents, intensive ASL training and education of Deaf culture are needed. Training, as for any second language, is on-going. Professionals working with the family should provide a model for communicating in ASL while interacting with the child and during any interactions with the family when the child is present.

Cued Speech

In the English language, many phonemes, or individual sounds in speech, look exactly the same on the lips. For example, (read sound, not letter name) /p/ and /b/, /d/ and /t/. Others aren't visible at all, such as /g/ and /h/. This makes it virtually impossible to speechread any but rote communication. In 1966, Dr. Orin Cornett, at Gallaudet University, developed a way to use hand cues while talking to help those who can't hear to distinguish between these sounds. Cued Speech is a visual communication system which, in English, uses eight handshapes in four locations ("cues") in combination with the natural mouth movements of speech to make all the sounds of spoken language look different.

What is special about Cued Speech? Cued Speech identifies each distinctive speech sound. Shapes of the hand identify consonant sounds; locations near the mouth identify vowel sounds. A hand shape and a location together cue a syllable, as shown in the chart below.



The primary goals of those choosing Cued Speech as a communication method are to develop speech and communication skills necessary for the child to be integrated into the hearing community. Cued Speech makes the deaf person aware of the mouth movements needed to make speech sounds, but speech therapy is still necessary.

Receptive language skills are developed through use of residual hearing with amplification, and through speech reading facilitated by cues. With the child's focus on the mouth movements and spoken English, the child communicates through spoken English, sometimes using cues themselves, and through written English. Amplification or the use of a cochlear implant are strongly encouraged to maximize the use of hearing. Family responsibilities include cuing at all times to expose children to language so that they learn cued speech and learn English. After a period of practice, family members must be able to cue fluently while speaking for the child to develop age-appropriate speech and language. Professionals working with families who cue must be a model for cuing during interactions when the child is present.

What kind of training should professionals be prepared to offer for parents who want to use cued speech with their child? Usually, parents and other family members attend an intensive, three-day training to learn and practice the handshapes and placements for all of the English phonemes. After that, they need to practice their cuing, and use it more and more daily to become proficient enough to be able to speak at a normal pace while cuing.

Oral (Auditory/Oral, Aural/Oral) Method

Auditory-oral programs teach children to make the maximum use of their remaining hearing through the use of sensory devices –that is, hearing aids, FM systems, and/or cochlear implants. They also stress the use of speech reading to assist in receptive communication. Speech is used for expressive communication. Use of any form of manual communication is discouraged, although natural gestures may be used. The primary goals of proponents of the oral method are for the child to develop speech and communication skills necessary for integration into the hearing community. The child learns to speak through a combination of early and consistent use of hearing and speech reading.

Using the oral method, the child expresses him or herself through spoken language. Early use of hearing is critical to this method, and so consistent use of hearing aids, an FM system and/or a cochlear implant is emphasized. The family is primarily responsible for the child's language development. Therefore, parents are expected to learn from therapists and to incorporate training into the child's daily routines and play. Professionals working with families choosing the oral method must be sure that they're comfortable in caring and troubleshooting for their sensory devices. They may need to assist parents in developing a program for increasing the wearing time for amplification devices, and can model use of communication during routines, and give parents an opportunity to demonstrate the same. Parents and caregivers need to be involved with the speech and language therapist and teacher to gain the skills needed to utilize training activities for speech, speech reading, and auditory training during the daily routines and play activities at home.

Auditory-Verbal Method

The Auditory-Verbal Method, also called Unisensory or A-V Method, utilizes a program that emphasizes the development and use of auditory skills. Optimal use of hearing is critical, therefore, the use of hearing aids, FM systems, and/or cochlear implants is critical. Focus in therapy is on the parents, so that they can reinforce a listening environment at all times. This method differs greatly from the Oral method in that it discourages speech reading and the use of any visual cues, especially during therapy and home exercises.

The goals of using an auditory-verbal method include development of hearing so that speech can develop, and the child can be integrated into the hearing community. Language is received through audition, facilitated by hearing aids, an FM system, and/or cochlear implant. Speech is used for expressing oneself, and written English skills are developed. With this approach, it is essential that hearing aids are used as early as possible, and that FM systems, and or cochlear implants are used to optimize hearing when warranted. The family is responsible for creating a language-rich listening environment, and ensuring that the sensory devices are used consistently. The Auditory-Verbal therapists focuses on training the parent(s) to stimulate good auditory and speech skills, therefore, the parents must be committed to a high degree of involvement in therapy.

Total Communication

The total communication philosophy incorporates the use of any and all means of communicating. This includes the use of sign language, fingerspelling, gestures, body language, facial expression, and also the development of listening and speech skills. Speechreading is also developed. Different methods may be used at different times to provide the most effective means of communicating. For example, English and reading classes may be taught using a method of signed English, while history may be taught in ASL. The child's use of speech and sign language may be encouraged, as well as the use of all other visual cues.

The primary goal of total communication is to provide an effective, less restrictive communication environment between the deaf child and his/her family, teachers, and peers. Language is received through exposure to sign, listening, speech reading, and nonverbal cues such as facial expression and gestures. The child expresses himself through all means; speech, sign language, fingerspelling, and written English. The use of sensory devices is strongly encouraged so that the child may make optimal use of his or her hearing. Professionals working with families using total communication must ensure that they have access to sign language classes, on-going, and that they are trained to encourage their child's use of speech, speech reading, and audition.

Assessing Effectiveness of Communication Methodology

- Measure progress at intervals
- If no progress in 6 months, discuss reasons
  - Is the method used consistently?
  - Is the child challenged physically/cognitively?
  - Is communication accessible in this mode?
- Flexibility – family may change methodology